

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Office of Statewide Health Planning and Development

Division, Department, or Region (if applicable)

Director's Office

Street Address

400 R Street

Area Code/Phone Number

(916) 326-3600

E-mail

lbeebe.oshpd.ca.gov

Agency Contact (name and title)

Lee Beebe, Filing Officer

Date Stamp

California 801
Form

For Official Use Only

OFFICE OF STATEWIDE
HEALTH PLANNING
AND DEVELOPMENT
HUMAN RESOURCES
MAY - 6
MAY 10 2010☐ Amendment (explain in comment section)Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

UCLA

Name

School of Medicine, 911 Broxton Ave

Los Angeles

CA

90025

Address

City

State

Zip Code

University of California - educational institution

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

AHRQ

\$ unknown

Name

Amount

Name

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Marina Del Rey, CA

April 13 - 15, 2010

Date(s) of Travel

\$ 319

Transportation Expenses

\$ 337

Lodging Expenses

\$ 0

Meal Expenses

\$ 0

Other Expenses

\$ 656

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

At request of UCLA, employee travelled from Sacramento OSHPD office to attend a 2-day meeting organized by UCLA (held at the Marina Del Rey Marriott). The meeting was to discuss issues related to a project for which UCLA obtained a grant from the Agency for Healthcare Research and Quality, part of the U.S. Health and Human Services Agency.

Identify the officials for whom the payment was used:

Herse

Last Name

Elizabeth

First Name

Senior Staff Counsel

Title

OSHPD/Director's Office

Department/Division

Last Name

First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Signature of Agency Head or Designee

David M. Carlisle, M.D., Ph.D

Print Name

Director

Title

5/5/10

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)